



State of Delaware 2018 Plan Year

Flexible Spending Account (FSA) Enrollment Agreement for January 1 – December 31, 2018

Name (Last, First, MI)			Employee ID Number + Last 4 SSN	
				-
Street Address	City		State	ZIP Code
Agency/School District Name	Date of H	ire	Daytime Phone Number	
Health Care Flexible Spending Accou	nt (FSA) Election – M	ledical, dental,	vision,	prescriptions
Qualified expenses include medical, dental, vision, and presonther source.	criptions for you & your	tax dependents	that are n	ot reimbursed under any
		r Election* * Your plan year election will be divided by		
(Minimum of \$50, Maximum of \$2,600)	\$		the number of pay dates remaining in the calendar year.	
Dependent Care Flexible Spending A	ccount (DCFSA) Elect	tion - Child/eld	ler dayc	are expenses
Qualified expenses are those incurred primarily for the prot DO NOT include medical, dental, vision or prescription expenses in your election for the Health Care FSA pr	on expenses for your de			
Plan Year Election Amount	Plan Year Election*		* Your plan year election will be divided by	
(Minimum of \$50, Maximum of \$5,000)	\$		the number of pay dates remaining in the calendar year.	
=1	151 15 25			
Electronic Communications a If you are already signed up				ation
Name of Financial Institution/Bank		Bank Routing Number (9-digit)		
Account number		Type of Account		
	T	☐ Checking ☐ Savings		
Email	Cell Phone		Mobile C	arrier
☐ Please use account information above to set up direct dep Attach a voided check or copy of a check to this form. Note				
☐ Mail a check to my home address. ASIFlex and your emp	_	, , , , ,	•	i wireless provider.
I understand:				
The Health Care FSA and Dependent Care FSA		nd obligations und	er this pla	n, as specified in the "2018
FSA Plan Booklet" located at <u>de.gov/statewide</u> • I have elected to have pretax deductions from		mber of nav nerio	ls as set u	in by my employer during the
plan year.				
 I cannot change or terminate my election <u>UNL!</u> I will have until April 15th 2019, to submit cla 		_		
March 15, 2019. Any unused amounts remaini				
 This request is for the current plan year <u>ONLY</u> for future plan years. 	and it is my responsibility	to enroll to partic	ipate in fu	ture open enrollment periods
My election and this Agreement will cease upon	n termination of employm	ent or retirement.		
Employee Signature			Da	te